N	THE UNITED	STATES	<b>PATENT</b>	AND TRA	DEMARK	OFFICE
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In re Patent Application of ARC-124-1140 Atty Dkt. C# M# JAN 2 9 2009 C/A.U. 1791 DAY et al. Examiner: Musser Serial No. 10/562,117 Filed: December 23, 2005 Date: January 29, 2009 SAFETY HELMETS Title: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. □ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment minus highest number 20 (at least 20) = \$0.00 (1202)/\$0.00 (2202) \$ previously paid for x \$52.00 minus highest number Independent claims after amendment x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ previously paid for 3 (at least 3) =If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) , paper and attachment(s) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) 130.00 Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ \$140.00 (1814)/ \$70.00 (2814) Terminal disclaimer enclosed, add Applicant claims "small entity" status. Statement filed herewith \$180.00 (1806) \$ 0.00 Rule 56 Information Disclosure Statement Filing Fee 0.00 \$40.00 (8021) \$ Assignment Recording Fee 0.00 Other: TOTAL FEE \$ 130.00 □ CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. NIXON & VANDERHYE P.C. 901 North Glebe Road, 11th Floor By Atty: Arthur R. Crawford, Reg. No. 25 Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw Signature:

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Title: SAFETY HELMETS											
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			·		,						
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RESPONSE/AMENDMENT/LETTER  This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby											
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Terminal disclaimer enclosed, add		\$140.00 (1814)	/ \$70.00 (2814)	\$							
☐ Applicant claims "small entity" status. ☐ State	ment filed herewith										
Rule 56 Information Disclosure Statement Filing Fee		\$	180.00 (1806)	\$	0.00						
Assignment Recording Fee			\$40.00 (8021)	\$	0.00						
Other:				\$	0.00						
☐ CREDIT CARD PAYMENT FORM A	TTACHED.		TOTAL FEE	\$	130.00						
The Commissioner is hereby authorized to charge an asserted to be filed, or which should have been filed firm) to our Account No. 14-1140.	r <u>deficiency,</u> or cred erewith (or with any	it any overpayment paper hereafter filo	, in the fee(s) file ed in this applicat	d, or ion l	r by this						
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000	NIXON & VANDER By Atty: Arthur R. (		25,327								
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